



MISSISSIPPI DIVISION OF
MEDICAID

**MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting**

Woolfolk Building
Conference Center East, Room 145
Jackson, MS 39201-1399

**February 12, 2019
10:00am to 5:00pm**

MINUTES

Committee Members Present:

Jeffrey A. Ali, M.D., M.Sc.
James B. Brock, M.D.
Logan Davis, Pharm.D., MBA
D. Stanley Hartness, M.D.
Karen Maltby, M.D.
Deborah Minor, Pharm.D.
Kim Rodgers, R.Ph..
Geri Lee Weiland, M.D.
Wilma Wilbanks, R.Ph.
Mack Woo, M.D.

Committee Members Not Present:

Naznin Dixit, M.D.
Spencer Sullivan, M.D.

Division of Medicaid Staff Present:

Terri Kirby R.Ph., CPM Pharmacy Director
Carlos Latorre, M.D., Medical Director
Gail McCorkle, R.Ph., Pharmacist III
Cindy Noble, Pharm.D., MPH, Pharmacist III
Chris A. Yount, MA, PMP, Staff Officer III

CHC Staff Present:

Laureen Biczak, D.O.
Chad Bissell, Pharm.D.
Sarah Boydston, Pharm.D.
Paige Clayton, Pharm.D.

Other Contract Staff Present:

Shana Bush, Pharm.D.,UHC
Jenni Grantham, Pharm.D.,Magnolia
Joyce Grizzle, Conduent
Joseph Vazhappilly, Pharm.D. Molina
Leslie Leon, Pharm.D., Conduent
Eric Pittman, Pharm.D.,UMC School of
Pharmacy
Lew Anne Snow, RN, Conduent
Trina Stewart, Pharm.D., Molina
Michael Todaro, Pharm.D., Magnolia

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes
February 12, 2019

Attendance Chart:

	AUG 2018	OCT 2018	FEB 2019	MAY 2019
Ali	x		x	
Brock	x	x	x	
Davis	x	x	x	
Dixit	x			
Hartness	x	x	x	
Maltby	x	x	x	
Minor	x	x	x	
Rodgers	x	x	x	
Sullivan	x	x		
Weiland			x	
Wilbanks			x	
Woo	x	x	x	

A. Call to Order

Wilma Wilbanks, Chairperson, called the meeting to order at 10:02a.m.

B. Introductions

Ms. Terri Kirby, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience.

She introduced Change Healthcare, DOM's Preferred Drug List (PDL) and Supplemental Rebate (SR) vendor. All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

Ms. Kirby introduced DOM staff members Chris Yount, Joyce Hunter and Jessica Tyson. Ms. Kirby recognized DOM contractors in the audience, including Dr. Leslie Leon and Lew Anne Snow from Conduent, Drs. Trina Stewart and Joseph Vazhappilly from Molina Health Systems, Drs. Jenni Grantham and Michael Todaro from Magnolia Health Plan, Dr. Shana Bush from United Healthcare, Dr. Eric Pittman from the UMC School of Pharmacy DUR and Dr. Sarah Boydston from Change Healthcare. She also introduced and announced the new Division of Medicaid Medical Director, Dr. Carlos Latorre. He is the first full time medical director the State has ever employed.

C. Administrative Matters

Ms. Kirby reminded guests to sign in via the electronic process available through the DOM website (www.medicaid.ms.gov) prior to the meeting. She stated that copies of the agenda and the public comment guidelines are available at the sign-in table. She stated that there is a separate sign in sheet for advocates and reminded guests that advocate presenters are limited to 3 minutes of general comment about a disease, not specific to a drug. She noted that industry presenters must provide their full name, drug name, identification, and company affiliation when signing in. She stated that industry presenters are allowed 3 minutes per drug and that no handouts are permitted. Presenters are requested to sign in at least 10 minutes prior to start of meeting.

Ms. Kirby stated that any documents used in the meeting that are not marked confidential and proprietary will be posted on DOM's website (www.medicaid.ms.gov) after the meeting.

Ms. Kirby reviewed policies related to food and drink, cell phones and laptop usage, discussions in the hallways, and emergency procedures for the building.

Ms. Kirby stated that DOM aggressively pursues supplemental rebates. Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool.

Ms. Kirby reviewed the voting procedure and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. She requested that the Chair announce the recommendation, motions, and the names of committee members making motions. The minutes for each P&T Committee

meeting are posted to the DOM website (www.medicaid.ms.gov) within 30 days of the meeting. The meeting minutes will be posted no later than March 14, 2019. Decisions will be announced no later than March 1, 2019 on the DOM website.

Ms. Kirby stated that the P&T Committee works in an advisory capacity and that DOM is responsible for final decisions related to the PDL. She reviewed the meeting process. She stated that DOM takes into account recommendations from both the P&T Committee and the clinical contractor before making a final decision. She stated that the PDL is completely updated once per year; quarterly updates are implemented throughout the year.

Ms. Kirby reviewed Committee policies and procedures. She requested that Committee members complete their travel vouchers and reviewed the contents of the folders provided to each Committee member.

D. Approval of October 23, 2018 Meeting Minutes

Mrs. Wilbanks asked for additions or corrections to the minutes from the October 23, 2018 meeting. There were no further additions or corrections. The minutes stand approved as corrected.

E. PDL Compliance/Generic Percent Report Updates

Dr. Biczak provided an explanation of the PDL Compliance and Generic Percent reports.

- A. Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q4 2018 was 97.7%.
- B. Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q4 2018 was 87.8%.

F. Drug Class Announcements

Dr. Bissell reviewed the meeting format.

G. Public Comments

Michael White from Genentech spoke in favor of Xofluza.
Zach Henney from Dova Pharmaceuticals spoke in favor of Doptelet.
Daniel Shan from Takeda spoke in favor of Takhzyro.
Joseph Goble from Janssen Scientific Affairs spoke in favor of Symtuza.
Robert Welch from Greenwich Biosciences spoke in favor of Epidiolex.
Ashlie Singletary from Merck spoke in favor for Delstrigo and Pifletro.

H. Therapeutic Class Reviews

A. Antiretroviral, Influenza Agents

CHC recommended that the following list be approved. Dr. Weiland moved to accept, Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI-INFLUENZA AGENTS	
oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)

B. Platelet Stimulating Agents

CHC recommended that the following list be approved. Dr. Weiland moved to accept, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
PROMACTA (eltrombopag olamine)	DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) RITUXAN (rituximab) TAVALISSE (fostamatinib disodium)

I. New Drug/New Generic Reviews

A. Altreno, Plixda

CHC recommended that Altreno and Plixda be made Non-preferred in the Acne Agents category. Dr. Davis moved to accept, Dr. Weiland seconded. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
RETINOIDS	
RETIN-A (tretinoin) tretinoin cream	adapalene ALTRENO (tretinoin) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro

B. Roxybond

CHC recommended that Roxybond be made Non-preferred in the Analgesics, Narcotic – Short Acting category. Dr. Hartness moved to accept, Dr. Weiland seconded. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone meperidine morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DSUVIA (sufentanil) ^{NR} fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)

C. Ztlido

CHC recommended that Ztlido be made Non-preferred in the Analgesics/Anesthetics (Topical) category. Dr. Weiland moved to accept, Dr.Minor seconded. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
PENNSAID Solution (diclofenac sodium) ^{SmartPA} VOLTAREN Gel (diclofenac sodium)	capsaicin DICLO GEL KIT(diclofenac sodium) diclofenac sodium 1% gel diclofenac sodium solution FLECTOR (diclofenac epolamine) ^{SmartPA} FROTEK (ketoprofen) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} LIDTOPIC MAX (lidocaine) xylocaine SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) XRYLIDERM (lidocaine) ZOSTRIX (capsaicin) ZTlido (lidocaine)

D. Xyosted

CHC recommended Xyosted be made Non-Preferred in the Androgenic Agents category. Dr. Weiland moved to accept the recommendation, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANDRODERM (testosterone patch) testosterone gel packets	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone) XYOSTED (testosterone enanthate)

E. Firvanq

CHC recommended that Firvanq be made Preferred in the Antibiotics (GI) category. Dr. Davis moved to accept the recommendation. Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
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PREFERRED AGENTS	NON-PREFERRED AGENTS
FIRVANQ (vancomycin) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)

F. Epidiolex, Sympazan

CHC recommended Epidiolex and Sympazan be made Non-Preferred in the Anticonvulsants, Adjuvants category. Dr. Weiland moved to accept, Dr. Ali seconded. Votes were taken, and the motion was adopted.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
Carbamazepine carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) SYMPAZAN (clobazam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) TRILEPTAL Tablets (oxcarbazepine)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)

G. Ajovy, Emgality

CHC recommended that Ajovy and Emgality be made Non-Preferred in the Antimigraine Agents, Calcitonin Gene Related Peptide Inhibitor category. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Minor seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
	AIMOVI (erenumab-aooe) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm)

H. Braftovi, Lorbrena, Mektovi, Talzena, Tibsovo, Vizimpro

CHC recommended Braftovi, Lorbrena, Mektovi, Talzena, Tibsovo and Vizimpro all be made Non-Preferred in the Antineoplastics, Selected Systemic Enzyme Inhibitors category. Dr. Weiland moved to accept, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) BRAFTOVI (encorafenib) COPIKTRA (duvelisib) ^{NR} CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) ERLEADA (apalutamide) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) ^{SmartPA} IDHIFA (enasidenib) imatinib KISQALI (ribociclib) LENVIMA (lenvatinib) ^{SmartPA} LORBRENA (lorlatinib) LYNPARZA (olaparib) ^{SmartPA} NERLYNX (neratinib maleate) MEKTOVI (binimetinib) RUBRACA (rucaparib) RYDAPT (midostaurin) TAGRISSO (osimertinib) TALZENNA (talazoparib) TIBSOVO (ivosidenib) VERZENIO (abemaciclib) VITRAKVI (loratretecinib) ^{NR} VIZIMPRO (dacomitinib) XATMEP (methotrexate) XOSPATA (gilteritinib)

ZEJULA (niraparib)

I. Perseris

CHC recommended that Perseris be made Preferred in the Antipsychotics, Injectables – Atypical category. To note, Dr. Brock exited from the meeting and did not vote from this point forward. Dr. Ali moved to make Perseris Non-preferred, Dr. Weiland seconded. Votes were taken. Motion failed 1-7. Dr. Weiland moved to accept the recommendation as presented from CHC. Mr. Rodgers seconded. Votes were taken, and the motion was adopted, 7-1. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ABILIFY MAINTENA (aripirazole) ARISTADA ER (aripirazole lauroxil) ARISTADA INITIO (aripirazole lauroxil) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone) ZYPREXA RELPREVV (olanzapine)	ABILIFY (aripirazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine)

J. Delstrigo, Symtuza, Pifeltro

CHC recommended that Delstrigo, Symtuza, and Pifeltro all be made Non-Preferred in the Antiretrovirals category. Dr. Weiland left the meeting and did not vote on this category forward. A robust clinical discussion followed. Dr. Davis moved to accept, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SINGLE TABLET REGIMENS	
BIKTARVY (bictegravir/emtricitabine/tenofovir) GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) JULUCA (dolutegravir/rilpivirine) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYM TUZA (darunavir/cobicistat/ emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)	
EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs	
CIMDUO (lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir)

I. Kaspargo

CHC recommended that Kaspargo be made Non-preferred in the Antihypertensive category. Dr. Hartness moved to accept, Dr. Ali seconded. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KASPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)

II. Nivestym

CHC recommended that Nivestym be made Non-preferred in the Colony Stimulating Factor category. Dr. Davis moved to accept, Dr. Hartness seconded. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
GRANIX (tbo-filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) ^{NR} ZARXIO (filgrastim)

III. Ilumya, Olumiant

CHC recommended that Ilumya and Olumiant both be made Non-Preferred in the Cytokine & CAM Antagonists category. A robust clinical discussion followed. During the discussion, separate motions were made.

Dr. Hartness moved to accept the recommendation to make Ilumya non-preferred. Mr. Rodgers seconded. Votes were taken, and the motion was adopted.

Dr. Davis moved to accept the recommendation to make Olumiant non-preferred. Dr. Ali seconded. Votes were taken, and the motion was adopted.

The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) SILIQ (brodalumab) SIMPONI (golimumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)

IV. Takhzyro

CHC recommended that Takhzyro be made Non-Preferred in the Hereditary Angioedema category. A robust clinical discussion followed. Dr. Hartness moved to accept, Dr. Minor seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
FIRAZYR SYRINGE (icatibant acetate)	BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) HAEGARDA (C1 esterase inhibitor) KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)

v. Zypitamag

CHC recommended that Zypitamag be made Non-Preferred in the Lipotropic, Statin Treatments category. A financial and clinical discussion followed. Mr. Rodgers moved to accept, Dr. Minor seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
STATINS	

atorvastatin	ALTOPREV (lovastatin)
fluvastatin	CRESTOR (rosuvastatin)
LESCOL (fluvastatin)	FLOLIPID (simvastatin)
LESCOL XL (fluvastatin)	fluvastatin ER
lovastatin	LIPITOR (atorvastatin)
pravastatin	LIVALO (pitavastatin)
rosuvastatin	MEVACOR (lovastatin)
simvastatin	PRAVACHOL (pravastatin)
	ZOCOR (simvastatin)
	ZYPITAMAG (pitavastatin)

VI. Siklos

CHC recommended that Siklos be made Non-Preferred in the Miscellaneous Brand/Generic category. A robust clinical discussion followed. Dr. Minor moved to accept, Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
MISCELLANEOUS	
alprazolam hydroxyurea hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER ^{SmartPA} ENDARI (glutamine) hydroxyprogesterone caproate hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) SIKLOS (hydroxyurea) VISTARIL (hydroxyzine pamoate)

VII. Inveltys

CHC recommended that Inveltys be made Non-Preferred in the Ophthalmic Anti-Inflammatories category. A robust clinical discussion followed. Dr. Hartness moved to accept, Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML (fluorometholone) FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) OCUFEN (flurbiprofen) OMNIPRED (prednisolone) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)

VIII. **Xelpros**

CHC recommended that Xelpros be made Non-Preferred in the Ophthalmic Prostaglandins Treatments category. A robust clinical discussion followed. Dr. Minor moved to accept, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
PROSTAGLANDIN ANALOGS	
latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostone bunod) ZIOPTAN (tafluprost)

IX. **Lucemyra**

CHC recommended that Lucemyra be made Non-Preferred in the Opiate Dependence Treatments category. Dr. Ali exited the meeting and did not vote from this point forward. A robust clinical discussion followed. Dr. Davis moved to accept, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DEPENDENCE	
naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone)	buprenorphine tablets buprenorphine/naloxone film buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)

X. **Division of Medicaid Update**

On April 1, 2019, the Mississippi Division of Medicaid plans to implement the first round of the opioid initiatives by preventing the concurrent use of benzodiazepines and opioid medications as lined out by the FDA. Several other initiatives will follow over the next six months.

On July 1, 2019, DOM also plans to allow a sixth prescription to all beneficiaries. The 2 brand product limit will remain in place.

Mrs. Kirby urged all providers to read all DOM Bulletins and Late Breaking News articles to stay up to date on these and all changes. She also reminded everyone that all changes are available on their respective provider association group list serves.

XI. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on May 7, 2019 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XII. Adjournment

The meeting adjourned at 1:45 p.m.